

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10679870

FILING DATE 9-30-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1		1			
7		1		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	11		6			
TOTAL CLAIMS	12		8			

	IND	DEP	IND	DEP	IND	DEP
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